## SRF Disbursement Request Form **Participant Information** SRF Loan Number: WW141079 07 City of West Lafayette Name: Request Number: 6NKJ2 04 455 2636 CCR Number: **DUNS Number:** Mailing Address: 711 West Navajo Street ZIP 47906 West Lafayette State: IN City: 765-775-5150 Peter L. Gray, City Controller Contact Phone Number: **Contact Person:** Mayor John R Dennis, or Peter L Gray Authorized Representative Phone Number: 765-775-5100 Authorized Representative: If requesting reimbursement to the Participant by wire transfer please provide the following information: Bank Routing Number: Bank Name: Account Number: Account Name: Loan Information Sheraton and Fairway Knolls Lift Station Improvments Description of work for which claim is being made (services, fees, type of work, etc.): ⊠ NO YES Is any part of this claim funded by an alternate funding source? \$ If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds): ☐ YES ⊠ NO Is any part of this claim funded by the Indiana Brownfields Program? ☐ YES ⊠ NO Has the Participant paid the request and is now seeking reimbursement? YES ⊠ NO Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter. ⊠ NO ☐ YES Are there Green Project Reserve components involved in this request? If yes, please describe: Loan Financial Information 2,610,000.00 **Original Loan Amount:** \$ 2,450,466.00 \$ **Total Amount of Previous Disbursements:** \$ 152,956.00 **Balance Available After this** Disbursement: \$ 6,578.00 Amount to Contractor for this Request: YES ⊠ NO Is any part of this request a partial or final release of retainage to the contractor? 08 153 1352 **DUNS Number:** Contractor Name: Wessler Engineering 6219 S East Street Mailing address: ZIP Code: 46227 Indianapolis State: IN City: Wiring Information: Bank Routing Number: Bank Name: Account Number: Account Name: \$ Retainage Amount for this Request: Participant requests that the retainage amount be held by SRF: Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above: Participant requests that the retainage amount be sent to the following bank: Bank Name: Bank Routing Number: Account Number: Account Name: 6,578.00 **Total Amount of this Request:** The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1). Date: Authorized MAR 0 8 2016 Representative Signature: For Internal Use Only: \$ GPR Approved By: Date:



## **INVOICE**

To:

CITY OF WEST LAFAYETTE

Invoice Number: 28754

MR. DAVID S. HENDERSON, UTILITY DIRECTOR

February 19, 2016

500 SOUTH RIVER ROAD

WEST LAFAYETTE, INDIANA 47906

Project:

174515.00

WEST LAFAYETTE - SHERATON & FAIRWAY KNOLLS LIFT STATION

Manager:

GARY L. RUSTON

Professional Services for the Period: 1/1/16 to 1/31/16.

PHASE: .6	8 RESIDENT PROJECT REPRE	ESENTATIVE			
TASK: .0	1 SHERATON & FAIRWAY KN	OLLS LIFT STATION	N - RPR		
Professional Se	rvices	Bill Hours	Bill Rate	Charge	
Senior Resident Project Representative		_62.00	\$ 95.00	\$ _5,890.00	
	Total Labor	62.00		\$ 5,890.00	
Reimbursables					
Telephone				\$ 55.53	
Travel  Total Reimbursables					
			Total Task .01	\$ 6,388.33	
TASK: .0	2 NORTHSIDE REGIONAL LIF	T STATION - RPR			
Professional Services		Bill Hours	Bill Rate	Charge	
Senior Resident Project Representative		2.00	\$ 95.00	\$190.00	
<del>-</del>	Total Labor	2.00		\$ 190.00	
Reimbursables					
Total Reimbursables					
			Total Task .02	\$ 190.00	
Total Project Invoice Amount					

Wessler Engindering, Inc. GARY L. RUSTON

Project Manager

 Aged Receivables:
 CURRENT
 30-60
 60-90
 90-120
 OVER 120

 \$6,578.33
 \$2,847.64
 \$0.00
 \$0.00
 \$0.00

All invoices are due upon receipt. A late charge of 1.5% will be added to any unpaid balance after 30 days.

Project	1745	15.00	W. LAF - SHER	ATON & FAIR	WAY KNOLLS LS	Invoice	28754	
Billing Backup Friday, February 19, 2016								
	-	EERING, INC.	Inv	oice 28754 Da	ted 2/19/2016	· ···day; · · ob; ac	2:53:21 PM	
Project		174515.00	W. LAFAY	ETTE - SHER	ATON & FAIRWA	Y KNOLLS LIFT	STATION	
Phase	(	00068	CONSTRUCTION	OBSERVATION	ON	December proposed features proposed annual and	,	
Task	C Nessel Section Section 2	000001	SHERATON & FA	IRWAY KNOL	LS LS RPR	TOTAL REPORT MANAGE PROMETS PROPERTY IN	Access (Angelood, Barocood) (Angelood, Randshord)	
Professional Services								
Cr Doold	lant Dualas	4 Danuarututi		Bill Hours	Bill Rate	Charge		
	•	t Representativ it Project Repre						
528		RE, SAMUEL		3.00	95.00	285.00		
020	Inspect	·	17772010	3.00	93.00	203,00		
528	•	RE, SAMUEL	1/12/2016	8.00	95.00	760.00		
- 528	•	RE, SAMUEL	1/13/2016	8.00	95.00	760.00		
528	•	RE, SAMUEL	1/19/2016	8.00	95.00	760.00	•	
528	McGUIF	RE, SAMUEL	1/20/2016	8.00	95.00	760.00		
528		RE, SAMUEL	1/21/2016	8.00	95.00	760.00		
528		RE, SAMUEL	1/26/2016	8.00	95.00	760.00		
528		RE, SAMUEL	1/27/2016	6.00	95.00	570.00		
528		RE, SAMUEL	1/28/2016	5.00	95.00	475.00		
	Inspection	on Totals		62.00		F 000 00		
		Totals Total Labor		62.00		5,890.00	5,890.00	
Reimburs	ables							
Telephone	)							
AP 1859	97	1/22/2016		RELESS / Invoi	ice:	55.53		
Travel								
EX 0000	00000579	1/4/2016	McGUIRE, SA West Lafayette		ight in	15.00		
EX 0000	00000579	1/5/2016	McGUIRE, SA West Lafayette		ight in	15.00		
EX 0000	0000579	1/6/2016	McGUIRE, SA West Lafayette		ight in	15.00		
EX 0000	0000579	1/18/2016	McGUIRE, SA West Lafayette		ght in	15.00		
1	0000579		McGUIRE, SAI West Lafayette	•		15.00		
1	0000579		McGUIRE, SAI West Lafayette	<b>)</b>		15.00		
1	0000579		McGUIRE, SAI West Lafayette	•	-	15.00		
EX 0000 1	0000579	1/26/2016	McGUIRE, SAI West Lafayette		ght in	15.00		

Project 174515.00	W. LAF - SHEF	W. LAF - SHERATON & FAIRWAY KNOLLS LS		S Invoice	28754
EX 00000000579 1/27/2016 1	McGUIRE, SAMUEL / Overnight in West Lafayette			15.00	
Total Reim	bursables			190.53	190.53
Jnit Billing					
Aileage - Company vehicles		<b>570</b> 0	M. 005.		
Veh. #0703 Total Units		570.0 Miles @ 0.54		307.80 <b>307.80</b>	307.80
			Total this	Task	\$6,388.33
ask 000002	NORTHSIDE REC	GIONAL LS RE	n saac unin min min min min min min min min min	CAN SERVICE SECOND PRINTED DECIDE SPECIAL ASSESSED.	passipal, SADORE Workship Madesian Madesian
rofessional Services					
		Bill Hours	Bill Rate	Charge	
r. Resident Project Representati					i
Sr. Resident Project Representation Sr. Resident Project Representation St. Resident Project Resident Resident Project Re		2.00	05.00	400.00	
Inspection	1/2//2010	2.00	95.00	190.00	
Totals		2.00		190.00	
Total Labor					190.00
			Total this Task  Total this Phase		\$190.00
	÷				\$6,578.33
			Total this Project		